



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **CENTRALIZED REFERRED REHABILITATION SERVICES**

**Effective Date:** October 24, 2003

**Policy #:** RTS-01

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- I. PURPOSE:** To establish an efficient means for hospital treatment teams to refer patients to centralized rehabilitation services and ensure requested services are provided in an appropriate manner.
- II. POLICY:** Montana State Hospital treatment teams will assess needs and abilities of patients and refer them as appropriate to centralized rehabilitation services.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
  - A. Recreational Therapist – advocates for offered services.
  - B. All Rehabilitation Therapists’ – respond to referrals for services.
  - C. Treating physician – prescribes needed rehabilitation services.
- V. PROCEDURE:**
  - A. The treatment team will assess the treatment/rehabilitation needs of the patient.
  - B. A Montana State Hospital Rehabilitation Services Referral Form will be initiated.
  - C. Specific interventions or functional assessments will be requested by the team.
  - D. The referring treatment team will identify the treatment/rehabilitation goals being addressed by the referral.
  - E. The treatment team will identify functional limitations, special patient needs, or other considerations potentially important to the rehabilitation professional executing the referral.
  - F. Upon completion of the above identified steps, the referral will be routed to the rehabilitation services department.

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- G. A rehabilitation professional will address the referral and communicate back to the treatment team (by writing a response on the referral) the result of the referral. This may include: patient being assigned to an intervention, patient refusing an intervention, an assessment being completed, or other action.
- H. The original copy of the referral will be routed back to the referring physician for communication with the treatment team and then placed in the rehabilitation section of the medical record.
- I. The carbonless copy of the referral will be maintained in the rehabilitation department to assist in patient care monitoring.

**VI. REFERENCES:** None

**VII. COLLABORATED WITH:** Medical Director

**VIII. RESCISSIONS:** #RTS-01, *Centralized Referred Rehabilitation Service* dated February 14, 2000; HOPP #RS-05-97-N, *Centralized Referred Rehabilitation Services*, dated August 4, 1997.

**IX. DISTRIBUTION:** All hospital policy manuals

**X. REVIEW AND REISSUE DATE:** October 2006

**XI. FOLLOW-UP RESPONSIBILITY:** Rehabilitation Services Chief

**XII. ATTACHMENTS:** None

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Ed Amberg  
Hospital Administrator

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Cheryl Eamon  
Rehabilitation Services Chief